



Subcontractor Pre-Qualification Application

Please complete the form in its entirety. You may submit this form by email to:

❖ Claudia Corral- ccorral@miradorenterprises.com and/or Herman Rocha-
hrocha@miradorenterprises.com

Company Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Point of Contact Name (Office): _____

Point of Contact Phone (Office): _____ Email: _____

Point of Contact Name (Field): _____

Point of Contact Phone (Field): _____ Email: _____

Company Federal Tax ID #: _____

SAM UEI # (Unique Entity Id): _____

SAM Cage Code: _____

SPRS (CMMC) # (Supplier Performance Risk System): _____

Annual Company Revenue: _____ Total # of employee's _____

Classification (LLC, Corporation, Partnership, Sole Proprietorship) & State: _____

Company Owner or Principal:

MIRADOR Enterprises performs work on several types of contracts all over the United States. Please specify what types of contracts your company has experience with and what states you are qualified to perform work:

- ☐ Commercial
- ☐ Federal
- ☐ State
- ☐ Local/Municipal

State(s) where services are provided: _____



Trades Performed:

Please list all trades performed by your company:

Small Business Categories:

- ☐ Certified Small Business
- ☐ Small Disadvantaged Business (SDB)
- ☐ Women-Owned Small Business (WOSB)
- ☐ Service-Disabled Veteran-Owned Small Business (SDVOSB_
- ☐ Historically Black College (HBCU) & Minority Institutions
- ☐ Disabled Veteran Business Enterprise (DVBE)
- ☐ Veteran-Owned Small Business (VOSB)
- ☐ HUBZone Small Business (HUBZ SB)
- ☐ HUB Certified

Certifications/Licenses:

Please list all Certifications and Licenses your company holds:

NM GB98 General Building License: _____

NM MM98 Mechanical Contractor License: _____

NM EE98 Residential & Commercial Electrical License: _____

NM DWS PWAA Registration #: _____



Customer References (at least 3):

Customer: _____

Contact Info (Phone & Email): _____

Project Name: _____

Scope of Work: _____

Contract Value: _____ Date Completed: _____

Customer: _____

Contact Info (Phone & Email): _____

Project Name: _____

Scope of Work: _____

Contract Value: _____ Date Completed: _____

Customer: _____

Contact Info (Phone & Email): _____

Project Name: _____

Scope of Work: _____

Contract Value: _____ Date Completed: _____



Supplier References (at least 3):

Supplier: _____

Contact Info (Phone & Email): _____

Supplier: _____

Contact Info (Phone & Email): _____

Supplier: _____

Contact Info (Phone & Email): _____

Additional Requirements:

History of OSHA citations? ☐ Yes ☐ No If Yes, please explain: _____

Bonding Capacity (Aggregate): _____ Bonding Capacity (Single): _____

Bonding Company Name and Point of Contact (Person's name and Telephone Number): _____

Letter of Credit Amount: _____ Bank: _____

Ability to comply with Certified Payrolls: _____

Ability to Comply with LCP Tracker online system: _____

Do you currently participate in an Apprenticeship Program? If yes, what disciplines?

Please provide a list of equipment and describe whether owned or leased: _____

All subcontract agreements entered into with MIRADOR Enterprises require that the subcontractor submit proof of insurance. Insurance requirements may vary based on specific scope of work and trade. Please provide MIRADOR with following information:

Workers Compensation Carrier: _____ Limit: _____

Automobile Liability Carrier: _____ Limit: _____

Commercial General Liability Carrier: _____ Limit: _____

Mirador requires the following limits on insurance coverage:

Commercial General Liability:

\$2,000,000 Products/Completed Operations Aggregate

\$2,000,000 General Aggregate Per Project

\$1,000,000 Any One Occurrence (Coverage A)

\$1,000,000 Any One Person or Organization (Coverage B)

Automobile Liability (Comprehensive Coverage)

\$1,000,000 Each Accident

Employers Liability (Coverage "B" on the Workers Compensation Policy)

\$1,000,000 Each Accident

\$1,000,000 Each Employee for Injury by Disease

Umbrella Liability

\$2,000,000 Each Occurrence

Completed by: _____ Title: _____

Signature: _____ Date: _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they